

SEARCHING EXPENSE FORM

STATE PROJECT NO. _____
F.A.P. NO. _____
HIGHWAY _____
ROUTE _____
PARISH _____

DISPLACEE _____
PARCEL NO. _____

(Fill out log on reverse side)

NAME OF PERSON PERFORMING SEARCH _____

No. of miles _____ x rate _____ Transportation
per mile* _____ \$ _____

No. of meals _____ Meals
(Attach reciepts)** \$ _____

No. of nights _____ Lodging
(Attach reciepts)** \$ _____

No. of hours _____ x rate _____ Searching
(Attach hourly rate justification)*** \$ _____

TOTAL \$ _____
(not to exceed \$2,500)

I certify that the hours, rate per mile, mileage, meals, and other expenses outlined above were spent solely for the search of a replacement site for the displaced business. I have not previously been paid for any of these expenses. The rate per/hour is what this employee is actually paid.

Date: _____ Signed: _____

* Based on state mileage regulations

** Not to exceed cost of state travel per diem limits

*** Hourly rate may be established by tax returns or other suitable documentation.